RESUME FOR APPOINTMENT
TO A TOWN OF VERNON AGENCY,
BOARD, COMMITTEE, COMMISSION OR AUTHORITY

Name:

Address:

Home Telephone: **Work Telephone:**

Educational Background:

Employment Experience:

Civic Activity:

Personal Data/Comments:

Political Affiliation:

☐ **Democrat**   ☐ **Republican**   ☐ **Unaffiliated**   ☐ **Other**

I hereby request that I be considered for appointment to:

_____

Date: _____   **Signature:** _____

This form should be returned to: Office of the Mayor, Memorial Building, 14 Park Place, Vernon, CT 06066.

Please list any other Commission, Committee, or Authority that you are a member of:

If you were not appointed to a Town of Vernon Commission, would you like your resume distributed to the local Non-Profit Agencies?

☐ **Yes**   ☐ **No**

For Office Use Only:

Commission or Committee Appointment: _____

Term #1	From: _____	To: _____	☐ Un-expired	☐ Expired
Term #2	From: _____	To: _____	☐ Un-expired	☐ Expired